



Ontario College of Reflexology

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Evaluation Form

Form C2-1104

Dear Student;

Your comments are important to the success and improvement of the course. Please spend a few moments on this questionnaire and be frank and honest in your answers. Information is held **strictly confidential** unless you specify otherwise (below). This form can be completed on-line at: www.ocr.edu/evaluation.htm.

Name of Instructor: _____ Date: _____

1.	<u>Course Rating</u>		<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
	- Quality of course content	5	4 3	2 1	
	- Instructor's assistance		5	4 3 2	1
	- General atmosphere of class		5	4 3 2	1
	- Suitability of manual		5	4 3 2	1
2.	<u>Instructor Rating</u>				
	- Planning and organization		5	4 3 2	1
	- Interaction with students		5	4 3 2	1
	- Communication skills		5	4 3 2	1

3. **What Did You Like Best About the Course?**

4. **What Suggestions Do You Have To Improve This Course?**

5. **What Do You Consider To Be The Most Valuable Feature?**

6. **Did The Overall Outline Of The Course Address Your Expectations?** Yes No

Suggested Changes: _____

7. Name: _____

Address: _____

Town: _____ Prov./State _____

P.C./Zip _____ Tele. #: (_____) _____

Student's Permission

Yes, please share this evaluation form with my teacher, including my name.

Yes, please share with my teacher but **do not include my name**.

No, do not share with my teacher - **strictly confidential**.